MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011907
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1062 Registrar's No. 1552

FILED MAR 21 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 8156
2 X 2
3
4 0
5 1
6
7 1
8 0
9 9215
10 46
11 123
12 26-3
13

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 1 HOUR
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 9304 EAST 40 HIGHWAY BLUE RIDGE CLINIC — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5225 HOWE DRIVE — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: KANSAS b. COUNTY: JOHNSON
c. CITY OR TOWN: ROELAND PARK — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 5225 HOWE DRIVE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: DALLAS Middle: GLENN Last: SCHMIDT SR.

4. DATE OF DEATH: Month: MARCH Day: 6 Year: 1963

5. SEX: MALE

6. COLOR OR RACE: WHITE

7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐

8. DATE OF BIRTH: 1/25/1910

9. AGE (last birthday): 53 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): BLDG. PRODUCTS ENGINEER

10b. KIND OF BUSINESS OR INDUSTRY: BUTLER MFG. CO.

11. BIRTHPLACE (City and state or country): FREDERICK, KANSAS

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: CHARLES D. SCHMIDT

13b. MOTHER'S MAIDEN NAME: THERESA GROTH

14. NAME OF HUSBAND OR WIFE: MRS. DORINE C. SCHMIDT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): - - - - - -

16. SOCIAL SECURITY NO.

17. INFORMANT: MRS. C. DORINE SCHMIDT, Address: 5225 HOWE DRIVE, ROELAND PARK, KS.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b) and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cardiomegalitis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b):
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a):
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☒ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.): Fall & heat exhaustion in kitchen

20c. TIME OF INJURY: Hour a.m. p.m. — Month, Day, Year: 3-6-63

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Cafe

20f. CITY, TOWN, OR LOCATION: Kansas City COUNTY: Jackson STATE: Mo

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 8.30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Geo C. Kealhofer (Degree or title) Coroner

22b. ADDRESS: 6627 Parkwood KCMO

22c. DATE SIGNED: 3-8-63

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL

23b. DATE: MARCH 9 1963

23c. NAME OF CEMETERY OR CREMATORY: MT. MORIAH CEMETERY

23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI

24. FUNERAL DIRECTOR: D.W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY MO

25. DATE RECD. BY LOCAL REG.: 3-8-63

26. REGISTRAR'S SIGNATURE: Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1963

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Norman W. Thomson

Licensed Embalmer No. 4889

P. O. Address Lathrop, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.